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## APPLICANTS

Bradley E. Goff, Cartersville, GA;

\*\* CONTINUING DATA \*\*\*\*\* NONE \*\*\*\*\*\*\* FOREIGN APPLICATIONS \*\*\*\*\* NONE \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* SMALL ENTITY \*\*

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35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	Verified and Acknowledged Examiner's Signature <u>LAB</u> Initials			

## ADDRESS

Woodard, Emhardt, Naughton, Moriarty and McNett  
Bank One Center/Tower  
Suite 3700  
111 Monument Circle  
Indianapolis, IN  
46204-5137

## TITLE

Multi-purpose medicine organizer

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